

POSITION

INITIALS

ID NO.

DATE _____

FEE DETERMINATION

O.I P.E. CLASSIFIER

FORMALITY REVIEW

RESPONSE FORMALITY REVIEW

A.S
4/3

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1127

9-19-1
03785102

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
·	Restricted	O	Objected

Claim	Date
Final Original	
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Claim	Date
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Claim	Final	Original	Date
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